AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: []IXC [X]CLEC []ILEC []Wireless

	CERTIFICATED COMPANY INFORMATION	
Aero Co	Communications, LLC	
Compa	any Name FEIN/SSN	l l
Compa	any ramo	12-7361
Dba/fka		
	Technology Dr	\$72 YEST
	ng Address	OFFICE OF SECTION AND ADMINISTRATION OF THE PROPERTY OF THE PR
_	cah, KY 42001	
	State, Zip Code	
Same		
	ess Location	
	McCrac	ken
City, St	State, Zip Code County	
	REGISTERED AGENT INFORMATION	
Registe	tered Agent:	
Mailina	a Addross	
wailing	g Address:	
City, St	State, Zip Code:	
<u>P</u>	Pursuant to the Commission's rules and regulations, print or type company	contact for the following areas:
Α.	Brian Glover General Manager (Include address if different than above.)	
	270-448-7441 / 270-575-9569 / brian.glover	web com
	Telephone Number Facsimile Number E-mail Address	66
	,	47 (1)
B.	Vincent Woeltz Customer Relations / Complaints Representative (Include address if different than	above.)
		L woellz@cslweb.com
	Telephone Number Facsimile Number E-mail Addres	En (1) (1) (10)
	·	•
C1.	Brian Glover Customer Relations/Complaints Representative for Escalated Complaints (Inc.)	clude address if different than above.)
	Customer Relations/Complainto Reprocessitative in Lectures Complainto	llover@csiweb.com
	Telephone Number Facsimile Number E-mail Addre	
C2.	(800)203-1853	
C2.	Customer Contact (Toll Free Number)	
D.	Jason Ingram	
D.	Engineering Operations (Include address if different than above.)	
	270-442-7361 /270-575-9569 / Jason.ingram@c	
	Telephone Number Facsimile Number E-mail Addre	SS
E.	Jason Ingram	
-	Test and Repair (Include address if different than above.)	
	270-442-7361 /270-575-9569 / Jason.ingram@csiweb.com	<u>n</u>

	Telephone Number	Facsimile Number	E-mail Address			
F.	Emergencies (During non-office hours)					
	, ,	•				
	270-442-7361 Telephone Number	/270-575-9569 / Facsimile Number	Jason.ingram@csiweb.com E-mail Address			
In add	lition, please provide the fo	ollowing company contact info	rmation to assist in proper routing of corres	pondence and invoices		
G.	Emily Cahen					
		nclude address if different than a	ibove.)			
	270-442-7361	/270-575-9569 /	•			
	Telephone Number	Facsimile Number	E-mail Address			
Н.	Emily Cahen					
	Dual Party Mailings (Name)					
	Malling Address					
			ahen@csiweb.com			
	Telephone Number	Facsimile Number	E-mail Address			
l.	Emily Cahen	/A.I				
	Interim LEC Fund Mailings (Name)					
	Mailing Address 270-442-7361	070 575 0500 /	shor @askush asm			
	Telephone Number	270-575-9569 / emily.ca Facsimile Number	ahen@csiweb.com E-mail Address			
1	Emily Cahen	· assimilar in a contract of the contract of t				
J.	Universal Service Fund	Mailings (Name)				
	Mailing Address					
	<u>270-442-7361</u> /		hen@csiweb.com			
	Telephone Number	Facsimile Number	E-mail Address			
K.	Emily Cahen					
	Gross Receipts Mailing	s (Name)				
	Mailing Address					
	270-442-7361 / Telephone Number	<u>270-575-9569 / emily.ca</u> Facsimlle Number	shen@csiweb.com E-mail Address			
	relephone Number	r aconnile radinoer	L-Mail Address			
L.	Emily Cahen					
	Lifeline Mailings (Nam	e)				
	Mailing Address					
	270-442-7361 / Telephone Number	270-575-9569 / emily.ca Facsimile Number	hen@csiweb.com E-mail Address			
	relephone Number	racsimile Number	E-mail Address			
	Emily Cahen		Emily & Cupes			
	This form was completed	by (print name)	Signature			
	·		3/24/11			
		ations Accountant Title	Date	······································		
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RETURN COMPLETED FORM TO: